



DEPARTMENT OF THE AIR FORCE
59TH MEDICAL WING (AETC)
JOINT BASE SAN ANTONIO - LACKLAND TEXAS



06 JUNE 2017

MEMORANDUM FOR SGOED

ATTN: MAJ JOSEPH MADDRY

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

1. Your paper, entitled **Predictors of Long-term Opioid Use in Active Duty Military: Psychotropics, Procedures, Pain** presented at/published to **SURF, San Antonio TX, June 16, 2017** in accordance with MDWI 41-108, has been approved and assigned local file #**17257**.
2. Pertinent biographic information (name of author(s) title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.
3. Please know that if you are a Graduate Health Sciences Education student and your department has told you they cannot fund your publication, the 59th Clinical Research Division may pay for your basic journal publishing charges (to include costs for tables and black and white photos). We cannot pay for reprints. If you are a 59 MDW staff member, we can forward your request for funds to the designated Wing POC at the Chief Scientist's Office, Ms. Alice Houy, office phone: 210-292-8029; email address: alice.houy.civ@mail.mil.
4. Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.

LINDA STEEL-GOODWIN, Col, USAF, BSC
Director, Clinical Investigations & Research Support

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

INSTRUCTIONS

USE ONLY THE MOST CURRENT 59 MDW FORM 3039 LOCATED ON AF E-PUBLISHING

1. The author must complete page two of this form:
 - a. In Section 2, add the funding source for your study [e.g., 59 MDW CRD Graduate Health Sciences Education (GHSE) (SG5 O&M); SG5 R&D; Tri-Service Nursing Research Program (TSNRP); Defense Medical Research & Development Program (DMRDP); NIH; Congressionally Directed Medical Research Program (CDMRP) ; Grants; etc.]
 - b. In Section 2, there may be funding available for journal costs, if your department is not paying for figures, tables or photographs for your publication. Please state "YES" or "NO" in Section 2 of the form, if you need publication funding support.
2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.
3. Attach a copy of the 59 MDW IRB or IACUC approval letter for the research related study. If this is a technical publication/presentation, state the type (e.g. case report, QA/QI study, program evaluation study, informational report/briefing, etc.) in the "Protocol Title" box.
4. Attach a copy of your abstract, paper, poster and other supporting documentation.
5. Save and forward, via email, the processing form and all supporting documentation to your unit commander, program director or immediate supervisor for review/approval.
6. On page 2, have either your unit commander, program director or immediate supervisor:
 - a. Print their name, rank/grade, title; sign and date the form in the approving authority's signature block or use an electronic signature.
7. Submit your completed form and all supporting documentation to the CRD for processing (59crdpubspres@us.af.mil). **This should be accomplished no later than 30 days before final clearance is required to publish/present your materials.** If you have any questions or concerns, please contact the 59 CRD/Publications and Presentations Section at 292-7141 for assistance.
8. The 59 CRD/Publications and Presentations Section will route the request form to clinical investigations, 502 ISG/JAC (Ethics Review) and Public Affairs (59 MDW/PA) for review and then forward you a final letter of approval or disapproval.
9. Once your manuscript, poster or presentation has been approved for a one-time public release, you may proceed with your publication or presentation submission activities, as stated on this form. **Note:** For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.
10. If your manuscript is accepted for scientific publication, please contact the 59 CRD/Publications and Presentations Section at 292-7141. This information is reported to the 59 MDW/CC. All medical research or technical information publications/presentations must be reported to the Defense Technical Information Center (DTIC). See 59 MDWI 41-108, *Presentation and Publication of Medical and Technical Papers*, for additional information.
11. The Joint Ethics Regulation (JER) DoD 5500.07-R, *Standards of Conduct*, provides standards of ethical conduct for all DoD personnel and their interactions with other non-DoD entities, organizations, societies, conferences, etc. Part of the Form 3039 review and approval process includes a legal ethics review to address any potential conflicts related to DoD personnel participating in non-DoD sponsored conferences, professional meetings, publication/presentation disclosures to domestic and foreign audiences, DoD personnel accepting non-DoD contributions, awards, honoraria, gifts, etc. The specific circumstances for your presentation will determine whether a legal review is necessary. **If you (as the author) or your supervisor check "NO" in block 17 of the Form 3039, your research or technical documents will not be forwarded to the 502 ISG/JAC legal office for an ethics review.** To assist you in making this decision about whether to request a legal review, the following examples are provided as a guideline:

For presentations before professional societies and like organizations, the 59 MDW Public Affairs Office (PAO) will provide the needed review to ensure proper disclaimers are included and the subject matter of the presentation does not create any cause for DoD concern.

If the sponsor of a conference or meeting is a DoD entity, an ethics review of your presentation is not required, since the DoD entity is responsible to obtain all approvals for the event.

If the sponsor of a conference or meeting is a non-DoD commercial entity or an entity seeking to do business with the government, then your presentation should have an ethics review.

If your travel is being paid for (in whole or in part) by a non-Federal entity (someone other than the government), a legal ethics review is needed. These requests for legal review should come through the 59 MDW Gifts and Grants Office to 502 ISG/JAC.

If you are receiving an honorarium or payment for speaking, a legal ethics review is required.

If you (as the author) or your supervisor check "YES" in block 17 of the Form 3039, your research or technical documents will be forwarded simultaneously to the 502 ISG/JAC legal office and PAO for review to help reduce turn-around time. If you have any questions regarding legal reviews, please contact the legal office at (210) 671-5795/3365, DSN 473.

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement:

"The views expressed are those of the [author(s)] [presenter(s)] and do not reflect the official views or policy of the Department of Defense or its Components"

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving humans:

"The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02_AFI 40-402."

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving animals, as required by AFMAN 40-401_IP :

"The experiments reported herein were conducted according to the principles set forth in the National Institute of Health Publication No. 80-23, Guide for the Care and Use of Laboratory Animals and the Animal Welfare Act of 1966, as amended."

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS			
1. TO: CLINICAL RESEARCH	2. FROM: (Author's Name, Rank, Grade, Office Symbol) Joseph Maddry / Maj / O-4 / SGOED	3. GME/GHSE STUDENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4. PROTOCOL NUMBER: FWH20120129H
5. PROTOCOL TITLE: (NOTE: For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.) Identification Of Risk Factors That Predict Long-Term Opioid Use And Subsequent Adverse Events			
6. TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED: Predictors of Long-term Opioid Use in Active Duty Military: Psychotropics, Procedures, Pain			
7. FUNDING RECEIVED FOR THIS STUDY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FUNDING SOURCE: JPC-5			
8. DO YOU NEED FUNDING SUPPORT FOR PUBLICATION PURPOSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
9. IS THIS MATERIAL CLASSIFIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
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<input type="checkbox"/> 11a. PUBLICATION/JOURNAL (List intended publication/journal.)			
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14. 59 MDW PRIMARY POINT OF CONTACT (Last Name, First Name, M.I., email) Maddry, Joseph K. joseph.k.maddry.mil@mail.mil			15. DUTY PHONE/PAGER NUMBER 210-630-7374
16. AUTHORSHIP AND CO-AUTHOR(S) List in the order they will appear in the manuscript.			
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d. Bebart, Vikhyat S.	Civ		University of Colorado - De
e. Potter, Jennifer	Civ		UTHSCSA
17. IS A 502 ISG/JAC ETHICS REVIEW REQUIRED (JER DOD 5500.07-R)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
I CERTIFY ANY HUMAN OR ANIMAL RESEARCH RELATED STUDIES WERE APPROVED AND PERFORMED IN STRICT ACCORDANCE WITH 32 CFR 219, AFMAN 40-401_IP, AND 59 MDWI 41-108. I HAVE READ THE FINAL VERSION OF THE ATTACHED MATERIAL AND CERTIFY THAT IT IS AN ACCURATE MANUSCRIPT FOR PUBLICATION AND/OR PRESENTATION.			
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21. APPROVING AUTHORITY'S PRINTED NAME, RANK, TITLE William C. Terry, GS-13		22. APPROVING AUTHORITY'S SIGNATURE TERRY WILLIAM CHRIS. 1152889093 <small>Digitally signed by TERRY WILLIAM CHRIS. 1152889093 Date: 2017.06.05 09:17:00 -05'00'</small>	23. DATE June 05, 2017

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS		
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26. DATE REVIEWED June 05, 2017		27. DATE FORWARDED TO 502 ISG/JAC
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29. COMMENTS <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED Presentation of IRB approved research with appropriate disclaimers. Approved		
30. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER Kevin Kupferer/GS13/Human Research Subject Protection Expert	31. REVIEWER SIGNATURE KUPFERER KEVIN R. 1086667270 <small>Digitally signed by KUPFERER KEVIN R. 1086667270 DN: cn=US, o=U.S. Government, ou=DoD, ou=PMI, ou=USAF, email=KUPFERER KEVIN R. 1086667270 Date: 2017.06.05 15:17:33 -0500</small>	32. DATE June 05, 2017
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42. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER Kevin Iinuma, SSgt/E-5, 59 MDW Public Affairs	43. REVIEWER SIGNATURE <small>Digitally signed by IINUMA KEVIN MITSUGU 1296227613 DN: cn=US, o=U.S. Government, ou=DoD, ou=PMI, ou=USAF, cn=IINUMA KEVIN MITSUGU 1296227613 Date: 2017.06.06 08:38:38 -0500</small>	44. DATE June 06, 2017
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BENZODIAZEPINE USE AMONG LOW BACK PAIN PATIENTS CONCURRENTLY PRESCRIBED OPIOIDS IN THE MILITARY HEALTH SYSTEM BETWEEN 2012 OR 2013

Megan Curtis, MA¹, William Kazanis, MS^{1,2}, Claudina Tami, BS¹, Mary Jo Pugh, PhD RN^{1,2}, Don McGeary, PhD¹, Erin P. Finley, PhD, MPH², Maj Joseph Maddry, MD^{3,5,6}, Vik Bebarta, MD^{3,7}, David Carnahan, MD^{4,6}, Jennifer Sharpe Potter, PhD MPH¹

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Background: Dramatic increases in the amount of opioids prescribed for chronic non-cancer pain, particularly low back pain, exist among those served by the military health care system. The combination of opioids and benzodiazepines poses numerous safety risks for the patient including respiratory suppression, oversedation, and overdose. In a large national sample of veterans, risk of fatal overdoses increased when opioids and benzodiazepines were concurrently prescribed. Despite the justified concerns regarding the abuse liability and the long-term safety and efficacy of opioids for chronic pain, they continue to be commonly prescribed with benzodiazepines. For example, one study report that 18-38% of patients with an opioid prescription received a benzodiazepine. These high-risk prescribing patterns have contributed to the fatal overdose epidemic. There is scant evidence regarding opioid and benzodiazepine prescribing practices among active duty service members with low back pain. It is important to understand factors associated with benzodiazepine use in this population to identify those most vulnerable to safety issues. To this end, we investigated factors associated with concurrent opioid and benzodiazepine prescribing among active duty service members with non-malignant low back pain who started their first opioid episode in 2012 or 2013.

Materials and Methods: Study population included active duty service members: (1) not deployed at the time of care, (2) diagnosed with non-malignant low back pain and (3) received their first documented opioid prescription in the military health system in 2012 or 2013. Analyses were conducted on a de-identified dataset created by the Data Discovery, Analytics, and Research (DDAR) team within the Enterprise Intelligence Section (EI) within the Defense Health Agency (DHA) that was derived from the Military Health System Mart (M2). The dataset was approved by the institutional and Department of Defense regulatory agencies. A logistic regression analysis was conducted to examine the use of benzodiazepine with the following variables: sociodemographics, opioid characteristics, psychiatric and physical factors.

Results: The cohort was 42,253 active duty service members receiving opioids with a low back pain diagnosis. Overall, the sample was predominantly male (78.54%), and half were between the ages of 18-25 years olds (50.04%). The most common service branch was Army (51.72%). Results from logistic regression analysis indicated individuals prescribed a benzodiazepine were significantly more likely to be prescribed at least one long acting opioid: 1.71 CI[1.46, 1.99] versus short-acting, receive chronic opioid therapy

(>90 days): 2.39 CI[2.24, 2.56], and also have been prescribed an antidepressant: 2.07 CI[1.89, 2.28]. Additionally, those prescribed a benzodiazepine were significantly more likely to be diagnosed with a substance use disorder: 1.29 CI[1.13, 1.47].

Conclusion: Our findings suggest that differences in patient characteristics across a variety of domains may raise safety concerns and quality of care issues. The results are consistent with previous findings among both US veterans and civilian populations. To our knowledge, this is among the first to examine factors associated with benzodiazepine use in a low back pain population receiving opioids.

Keywords: opioids, benzodiazepine, and low back pain

Acknowledgments and Funding: Funding received through the Substance Abuse Working Group (SAWG) of the Joint Program Committee 5 (JPC-5) / Military Operational Medicine Research Program (MOMRP), US Army Medical Research and Materiel Command (USAMRMC), #FA8650-15-C-658.

The views expressed are those of the author and do not reflect the official views or policy of the Department of Defense, Department of Veterans Affairs, or its Components.